

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert C Heineman
 Clerk of Court
 US DC
 Eastern Plaza of NY
 City Courthouse
 225 Cadman Plaza East
 Brooklyn, NY 11201

2. Article Number:

(Transfer from service label)

A. Signature

 X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

05/10/08 11:20

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: NoMDL
 TRANSfercare

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input checked="" type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input checked="" type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

7005 0390 0000 5269 0765

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154C